RESEARCH SUMMARY

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Some lessons from a rapid assessment

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OBJECTIVES

The National Rural Health Mission (NRHM), which is now a sub-mission under the National Health Mission, aims to improve public health and healthcare standards in rural India through strong institutional and community intervention in a decentralised ecosystem. As part of restructuring in line with the Indian Public Health Standards (IPHS), the Rogi Kalyan Samitis (RKS)/Hospital Management Committees were set up at medical facilities in Bihar in 2006, to bring community control into the management of public hospitals.

According to a 2014 report by Bihar Technical Assistance Support Team (BTAST), although most health facilities in Bihar now have an RKS, they have faced a number of challenges and issues acting as deadlocks, which have affected their smooth functioning. The report focused on operational processes, funding structures and best practices at RKS centres across 28 districts of Bihar. BTAST has worked with the Government of Bihar at the public health facility level through quality assurance consultants, who have provided regular inputs for continuous quality improvements.

This has included interactions with RKS members, and other activities to strengthen services. A follow up to the 2014 study was therefore designed to understand the current levels of RKS functioning and areas where they needed support.

METHODOLOGY

The overall objective of the Assessment in 28 districts of Bihar was to undertake a review of RKS, in terms of its operational processes, funding structure and best practices. The programme was assessed for a period of 18 months from April 1, 2014 to September 30, 2015. In line with project requirements, 80 facilities were randomly picked from 28 districts for the assessment.

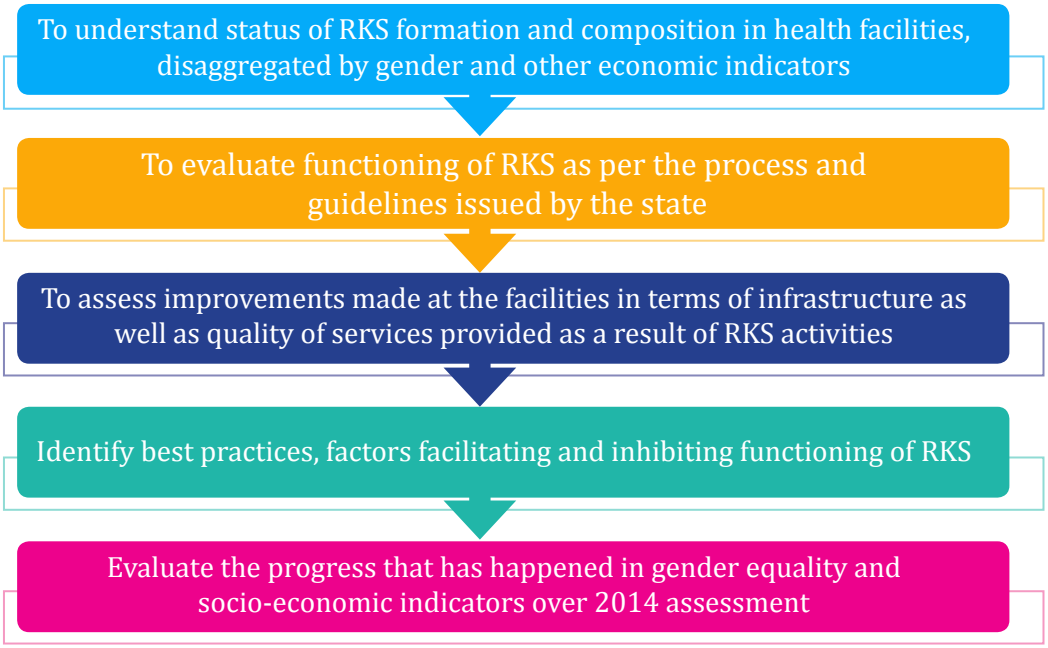
The sampling framework and sample sizes are given in the table below:

The assessment questionnaire focussed on key aspects of RKS including operations, finance, monitoring and evaluation procedures and facilities.

A Record Assessment tool was filled out at every facility by either the chairperson of the RKS or a member of its governing body and facility accountant. Besides, three quantitative assessment forms were filled out at every facility by RKS members working under different heads. For maintaining parity across all types of responses, a number limit was assigned to each type of respondent.

A qualitative assessment tool was also filled out at every facility by mixed respondents segregated as per a broader respondent category. Data was collected with these three survey tools along with Focused Group Discussions (FGDs) with community members.

ASSESSMENT OBJECTIVES



Intervention	Part of RKS Strengthening	Sample Size	Type of Facility	No. of Facilities	Villages for FGDs
Facilities with RKS strengthening	69 facilities	35 (25 districts)	DH	8	4
			SDH/RH	8	
			PHC	19	
Facilities not part of RKS strengthening	Over 600 facilities (DH, SDH/RH & PHC)	35 (25 districts)	DH	-	4
			SDH/RH	19	
			PHC	16	
		10 (3 additional districts)	DH	3	2
			SDH/RH	3	
			PHC	4	
Total				**80**	**10**

FINDINGS

Awareness and sensitivity regarding patient care issues and hospital management

RKS has heightened awareness among workers to work for patient welfare. It has united decision-makers in communities in the direction of patient welfare. Hospital management committees have motivated RKS members to work directly for the health benefits of their entire community. For example, an RKS member in District Hospital, Buxar reported ideating and successfully pursuing installation of CCTV for enhanced security. He is now working to make the facility cleaner. Most members felt that the biggest contribution of RKS is in managing cleanliness at facilities since there is no system for managing hospital waste.

Local response mechanism

In certain cases the presence of RKS has led to faster response to emergencies with the ambulances arriving quickly. An RKS member in Referral Hospital (RH), Jamui said: "When our committee was informed after health officials had mishandled an outbreak of Cholera in the district, it swung immediately into action and appropriate help reached patients promptly with cooperation from all the members of the committee"

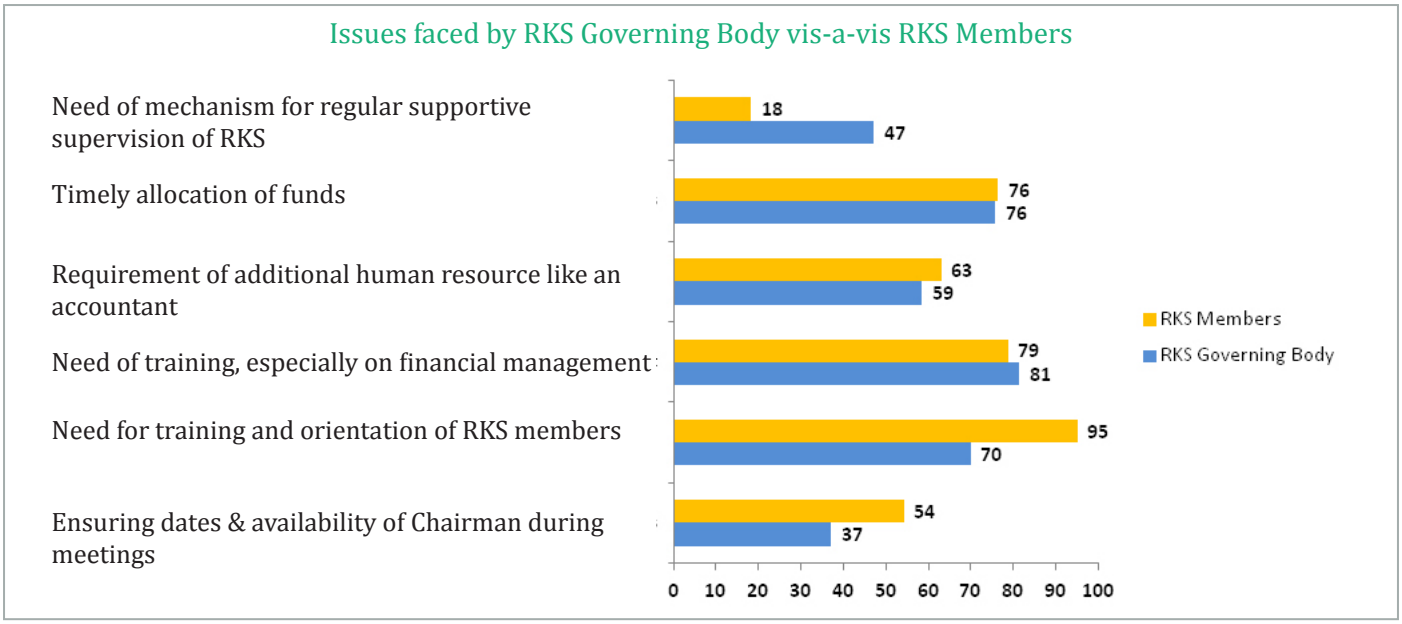
Upgradation of facilities and introduction of innovative services

Most of the RKS funds are used to upgrade facilities and to ensure procurement of essential medicines. In some districts, RKS members took the responsibility and ownership to resolve critical issues faced by the facility. These, for example, include CCTV installation in Katihar District Hospital, solar energy equipment for electricity in Aurangabad District Hospital, call centre for ambulance in Jehanabad District Hospital, and electronic stock data and receipt in Vaishali Primary Health Centre, and so on.

RKS Committee structure and membership

About 36% of the facilities have at least one committee formed within RKS, and in 33 % of the facilities both the Governing and Executive committees had been formed within RKS. However, there is a gender imbalance with only 30% of the representatives being women, signifying the need for improving their involvement in public health decision-making and/ or implementation.

The membership was mixed with 38% beneficiaries, 11% people's representatives, 10% health officials and heads of health facilities, 9% members of Panchayati Raj Institutions (PRIs), and 8% from NGOs. More than 95% of RKS members said that they had been invited for RKS meetings via special messengers/ post or telephone. 76% RKS members said that they were aware and signed on the minutes of the meeting. 98% RKS Governing Body members stated that the minutes of the meeting were signed and shared with members. Contrasts in awareness, knowledge and participation between RKS members and its Governing Body were noticed. 60% of RKS members reported that RKS meetings were held on a



fixed day. Four meetings were held in the last financial year. However, none had been held in some of facilities in the past 6-12 months.

45% of the members said they received the agenda prior to the RKS meeting. In the governing body and among RKS members, awareness of the guidelines was poor, with 61% of them being unaware of the structural formation of RKS. 77% of RKS members had never heard of the IPHS Guidelines prior to the assessment.

RKS financial functions

Nearly 97% of facilities do not have a dedicated accountant for RKS. However, 85% health facilities reconcile bank statements once a year. 50% of the facilities reported updating the cash book once a week.

Although 64% facilities said that they regularly prepared and submitted the Utilisation Certificates (UCs), 32% UCs were either prepared on demand or irregularly. 74% had complied with the statutory audit and more than 50% with the Comptroller and Auditor General (CAG) of India as well as internal audit. 56% of the facilities that conducted an internal audit said that they did so at pre-decided intervals.

Several RKS (48 out of 70 facilities) reported that they also generated funds from the following other sources (excluding National Rural Health Mission funds).

This included charging for OPD Cost/ Registration Cost/ Ambulance, healthcare services like physiotherapy and C-Section and use of equipment (including X-Ray, ultrasound).

Training, Monitoring and Evaluation

A large majority of the respondents (96%) had received no training on RKS. The issues faced by the Governing and Executive Bodies at some levels are distinct. RKS members regardless of their committee type identify lack of adequate training on operations and functioning as a major issue. The Governing Body ranks allocation of funds and training on handling funds as top priorities. It also demands mechanisms for regular supportive supervision of RKS. The demand for this is muted among RKS members. Referring to awareness, knowledge and understanding of healthcare guidelines, RKS members felt that a manual would help them to understand their roles and responsibilities.

In terms of monitoring and improvements, 80% facilities have provision for complaint boxes and on an average 73% received 1-4 complaints in a month. Most issues were reported to have been resolved within a week. About 48% facilities did not have citizen charter in the premises, while 95% of those which had the charter displayed it prominently.

Some challenges

RKS Members (not the Governing Body) feel that they are seldom made aware of RKS funds or given directions on how these should be deployed. On the other hand, across facilities, RKS Governing Body members voiced the need for a mechanism to set up committees to monitor the performance of RKS members. The need for honest RKS members has been emphasised across the board. Another common issue at the facilities is the lack of commitment for RKS meetings, which many times causes delay. Lack of participation of women was also noted.

RECOMMENDATIONS

Based on the assessment, the following recommendations are made:

Training of RKS Managers

There is a need to outsource development of training modules and training and capacity building of RKS members in structural, operational, functional and fund related areas. It would be important to introduce mandatory annual training for all RKS members which would include practical and theoretical components. Training should also be linked to membership by ensuring that only trained members are eligible for RKS membership.

These trainings should be conducted at district level and absentees should be automatically excluded from RKS (including members of Governing body). Following the training, all RKS members should get a hard copy of literature containing structural, operational and financial guidelines and innovative suggestions that they could use in their facilities.

Inclusion of women

The participation of women was found to be meagre across all 70 facilities. This needs to change and 50% female membership in every RKS should be mandatory.

Monitoring

Efforts are needed to set up a monitoring committee at district level. The monitoring process needs to be governed by standards, which need to be laid out in advance. Scores/points could be awarded for RKS membership structure, functionality, meetings, fund utilisation, innovation and overall improvement of healthcare facility. The top-ranking RKS could be rewarded monetarily.

As the RKS members could not resolve many issues, primarily because of lack of awareness, an inquiry and a call centre could be set up at state level. The RKS inquiry centre should work with district/regional officials like District Programme Officers (DPOs) / Regional Managers (RMs) to highlight issues and suggest feasible actions.

Rewards and incentives

Modelled on Nirmal Gram Puraskar (NGP), Bihar can introduce RKS Innovation Champions and become a frontrunner in setting up a robust system for patient welfare. An annual award to all high ranking RKS could act as further motivation.

Communication and information

Clearly laid out notices and boards at every facility displaying the names, phone numbers, and other details of the RKS members would help patients to know about the committee. Overall, the study showed that with some additional support and training, RKS has the potential of becoming a strong patient welfare body and a feedback collection and issue resolving committee.

SECTOR WIDE APPROACH TO STRENGTHENING HEALTH (SWASTH)

Government of Bihar Initiative Supported by DFID, UK

The SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening & human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.

The outcome assessment was done by IMS Health with inputs from the BTAST MLE and Health teams. This summary by OneWorld Foundation India is based on the report submitted by IMS Health. .

Sector Wide Approach to Strengthening Health (SWASTH) in Bihar, Government of Bihar Initiative Supported by Department for International Development (DFID), UK

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